



# STATE OF ARKANSAS

## AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #: \_\_\_\_\_

AMENDMENT #: \_\_\_\_\_

**1. CONTRACTING PARTIES:**

<b>AGENCY NUMBER &amp; NAME</b>		<input type="checkbox"/> Service Bureau
<b>VENDOR NAME</b>		
<b>TRACKING # 1</b>		<b>TRACKING # 2</b>

**2. NEW CONTRACT EXPIRATION DATE:** \_\_\_\_\_

mm/dd/yyyy (If not extending contract to new date, please leave blank)

**3. PURPOSE OF AMENDMENT:**

**4. AMENDED DOLLAR AMOUNT:**

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease, in compensation and/or reimbursable expenses. Enter the new total compensation and/or reimbursable expenses for this contract. **Note:** Any increase in the rate of compensation must be accompanied by a copy of the original contract language authorizing such increase.

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
<b>COMPENSATION</b>	\$	\$	\$
<b>EXPENSE</b>	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

Total dollar amount paid on contract as of this date: \$ \_\_\_\_\_ as of \_\_\_\_\_

<b>UPDATED TOTAL PROJECTED COST</b>	\$ _____
-------------------------------------	----------

**5. NEW AND/OR REVISED ATTACHMENTS:** \_\_\_\_\_

EXCEPT AS SPECIFICALLY AMENDED HEREIN (OR AS ATTACHED) ALL OTHER TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN UNCHANGED.

**6. SIGNATURES:**

\_\_\_\_\_  
VENDOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

APPROVED: \_\_\_\_\_  
DEPARTMENT OF FINANCE AND ADMINISTRATION

\_\_\_\_\_  
DATE

**STATE OF ARKANSAS**  
**AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT**

CONTRACT #: \_\_\_\_\_ AMENDMENT #: \_\_\_\_\_

**7. AGENCY CONTACTS FOR QUESTION(S) REGARDING THIS CONTRACT:**

**Contact #1** – Agency Representative submitting/tracking this contract

\_\_\_\_\_  
 (Name) (Title)  
 \_\_\_\_\_  
 (Telephone #) (Email)

**Contact #2** – Agency Representative with knowledge of this project (for general questions and responses)

\_\_\_\_\_  
 (Name) (Title)  
 \_\_\_\_\_  
 (Telephone #) (Email)

**Contact #3** – Agency Representative Director or Critical Contact (for time sensitive questions and responses)

\_\_\_\_\_  
 (Name) (Title)  
 \_\_\_\_\_  
 (Telephone #) (Email)

**8. SOURCE OF FUNDS:**

Complete appropriate box(es) below to total 100% of the funding in this contract to date.

Fund Source	Identify Source of Funds	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
				\$	
				\$	
				\$	
				\$	
				\$	
<b>TOTALS</b>				<b>\$</b>	<b>100%</b>

\* **MUST BE SPECIFIC** (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

\*\* "State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

\*\*\* Funding and percentages shall reflect the total of the contract including all amendments to date.